

MASSEY (G.B.)

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PREVALENT ERRORS  
IN THE  
TREATMENT  
OF THE  
DISEASES OF WOMEN.

*Read before the Medical Society of the State of Pennsylvania,  
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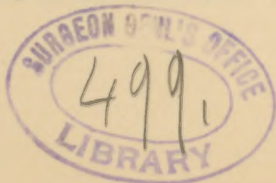
## Prevalent Errors in the Treatment of the Diseases of Women.

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THE *rôle* of a critic is not a pleasing one to some of us, either readers or hearers, and I for one much prefer the position of a worker rather than a talker. The frequent recurrence of certain experiences, however, compels me to assume this character on this occasion in alluding to mistaken views and practices that have gained deep hold on the profession. The practice of medicine is, unfortunately, yet unable to adopt certain and exact rules of procedure in combating many affections, and the testing of its conclusions should rank side by side with original conceptions. Error bears the relation to truth that darkness bears to light, and in holding up a mirror to our failings we necessarily point to better paths. That the other path may be at times yet unexplored as to its end need not blind us to its desirability compared with the one we know to be bad.

I by no means desire to claim infallibility for the views about to be expressed. They are merely my explanation of the failure to cure, or of the harm that has occurred to, cases that have subsequently come under my personal observation.

The views and practices to which exception



is taken may be divided into the current errors of gynæcologists and the erroneous views of gynæcology held by general practitioners.

*Erroneous Views and Practices of Gynæcological Specialists.*—The slighter ailments of women rarely come under the attention of the gynæcologist in private practice, though frequently encountered by those who discharge dispensary duties, and it is, therefore, not strange that the specialist should turn to physical means as remedies for cases that have already scaled the gamut of medicinal treatment. Though this is so, it is not necessary to accept the new gospel, that the pelvis of woman, unlike all other portions of human beings, is the exclusive domain of major surgery. This error becomes practically apparent whenever young girls are torn by the insertion of large specula in examinations; whenever the cervix is unnecessarily wounded by tenaculæ; when the uterus is dragged to the vulvar outlet for mere examination; when the sound is hastily passed into the uterus; and when fierce efforts to elicit pain or detect growths are made in bimanual examinations. The trained finger in an intelligent bimanual touch and palpation will replace all these harsh measures, as a rule, and render far better service.

When a diagnosis of a "displacement" has been made, it is an error to assume that the proper course to pursue is to correct the malposition by placing within the vagina a skeletal structure never contemplated by nature. The displacement has been caused by some other condition, and no true cure can result until that condition is first remedied. When fixation accompanies the malposition, only torture



can result from the use of pessaries, while in movable organs certain relief is possible in some instances only at the cost of weakened supports and a postponed cure. The causal condition in most cases of displacement is an enlarged uterus due to catarrhal or other inflammatory processes, and a true restoration of health may be obtained by remedies that correct this primal trouble. The use of artificial support within the vagina should be reserved as a last resort for incurable cases.

When a diagnosis of dysmenorrhœa, or, as I prefer to call it, menorrhagia, has been made, it is an error to assume that the proper treatment is to dilate the cervix. The reflex action of this harsh remedy relieves some cases, it is true, though often temporarily, but the theory of obstruction on which it is founded has no basis in fact. The worst cases of obstruction leading to hæmatometra may exist without the production of cramps, and it has been demonstrated that the musculo-neurotic storm called dysmenorrhœa usually occurs with a temporarily dilated cervix and no accumulation within the uterus. The causes of this condition are ovarian congestion, lack of development, and neurasthenia. It is against reason that these causes should demand for their relief that the cervix and a part of the body of the uterus should be stretched and torn until an audible snap is heard. And how do these *savants* reconcile within their theories of stenosis the fact that they are unable to insert their large instruments for dilatation? A safe and sure remedy for menorrhagia is the galvanic current, and we can easily conceive its rationale to be the removal of the causes already enumerated.

An important error of the ultra-surgical gynæcologists is also the assumption that lacerations of the cervix cause the local suffering and reflex disturbances often found in cases where they exist. The views of Emmett on this question have never been received and acted upon as generally abroad as in this country, but my best reason for believing that a repair of these lacerations will not cure the patients is the evidence almost daily encountered that it has not done so. The sufferings continue after the operation in a large proportion of the cases, demonstrating that the real lesion is a chronic metritis, and that a repair of the laceration will often not cure this lesion. Proof in support of this statement was presented to the Philadelphia Obstetrical Society some years ago, and elicited but slight discussion; but I was gratified to be told privately after the meeting by a well-known surgeon present that he was then engaged in trying to cure cases in which he had operated ten years before. Slight lacerations are compatible with perfect health, and, in my experience, deep ones unaccompanied by metritis demonstrate their presence only by the occurrence of miscarriages. These latter cases should of course be subjected to the operation for repair. As to the dangers to be feared from scar-tissue in the cervix, it may be said that irritative conditions may lead to carcinoma and require treatment, but healed scar-tissue is as harmless in this situation as elsewhere in the body. Scar-tissue, moreover, is also left after the operation.

But all these questions are usually consigned to the limbo of "tinkering" by certain surgeons practising as gynæcologists, who invari-

ably and honestly find ovarian disease present in every case examined. Their first mistake may be in arriving at this diagnosis of ovarian disease, and I have elsewhere pointed out the ease with which uterine tenderness may be mistaken for ovarian tenderness.\* Ovarian disease of inflammatory type is, moreover, almost invariably preceded by uterine catarrhal disease, which is by no means latent when the usual diagnosis of salpingitis or ovaritis is made by the surgeon. Having made the mistake of attributing the patient's suffering wholly or mainly to the uterine appendages rather than the uterus, the associated mistake follows of removing by abdominal section the slightly-inflamed ovaries and tubes, while leaving the more important seat of the disease as a source of continued misery. Scores of such cases have come under my own observation after these operations, and the statement is generally made by the patients that their condition was made worse by them. The performance of this operation of Tait's has become so fashionable of late that young men less than half a dozen years out of college often count their cases by the hundred. The gynæcological dispensaries of our large cities have become shambles, where women by the score are persuaded to undergo operations that are unwarranted by sound judgment, and the nature of which is not explained to them. . . . I shall not dwell at length on the extent of this error; it is already too well known to you; but many remark that the excellent opportunities thus

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\* "Metritis as an Initial Lesion in Pelvic Disease" ("Transactions of the Philadelphia County Medical Society," May 10, 1892).

afforded for special studies in vivisection are largely lost, for the reason that the operator's interest in the case too often ceases after he has made another entry in his triumphant list. Assuming that the immediate result has been recovery, it is of no interest to find out that death occurred from bowel adhesions a few weeks later, or that the continuance of uterine disease added to newly-created neuroses makes the woman a wreck for life. It is to be hoped that wiser counsels will shortly prevail in this field, and that these over-zealous oöphorectomists will cease to regard ovarian disorders and ovaries as undeserving of the study and remedial care bestowed upon other portions of the body.

It is not a little surprising that many gynæcologists also still advise dangerous operations for the removal of benign fibroid tumors in the face of the well-attested value of electricity in this affection. Since the father of this operation of hysterectomy (Keith) declared that he wished it were possible to undo those first fifty-odd successful operations and replace their bloody details by the Apostoli treatment, the advances in the application of electricity to the treatment of these tumors has made it possible to accomplish even more than Apostoli claimed, yet Keith's surgical followers persist in adhering to his older views, oblivious of this most striking change of heart. That certain cystic myomas and fibroids demand removal is unquestionably true, but there is no warrant in subjecting patients with interstitial, solid growths to this dangerous operation when a simple remedy will accomplish a practical cure. And it is by no means necessary to go to England or France



for proof of the value of electricity in this affection. America is certainly not wanting when a question involving gynæcology and electricity requires solution.

The removal of ovaries to arrest the growth of fibroids is also an experimental operation of a magnitude and gravity totally unwarranted by the results. Where good could possibly come from it, the Apostoli method is best suited and most successful, and in the cystic and rapidly-growing myomas unfitted to electricity it is equally useless.

Finally, the views of certain specialists should be criticised, wherein they either regard electricity as a cure-all in gynæcology or expect it to produce its best results without the possession of special knowledge and skill on the part of the operator. No experience has demonstrated the permanent or comparative value of electricity in cystomas of the ovary, degenerating interstitial fibroids, purulent collections in the pelvis, or carcinomatous growths other than cervical cancer. These fields for abdominal section should remain unchallenged. It is also unreasonable to expect electricity to cure organic disease of the spinal cord manifested in certain pelvic neuralgias. The field for scientific application of electricity is already a vast one, but it requires the same adaptability, cultivation, and expertness for its prosecution as other special departments of medicine. Employing an agent that in its physical aspects presents the most startling changes and progressions now known to man, its medical capabilities cannot be lightly fathomed by surgeons or others who wish to test a popular mode of applying it merely because they see so much

about it in the medical journals, and who look on at Apostoli's clinic for a day and then import an outfit, while yet ignorant of the elements of electro-therapeutics. The more delicate applications of electricity in gynæcology can only produce their best results at the hands of a skilled specialist, and he who begins his electro-therapeutic work by essaying it is like a workman who constructs a house without foundations.

*Erroneous Views of Gynæcology among General Practitioners.*—Referring to the erroneous views of gynæcology prevalent among general practitioners, it may be said that much of the preceding criticism is equally applicable to them, for the diseases of women are more actively treated by general practitioners than any other special disorders. An abandonment of the ultra-mechanical theories that have been criticised will result in a more useful devotion of the general practitioner to this class of his cases, and fewer of his patients will be compelled to seek other advice. In the external and vaginal applications of electricity he will have a most useful remedy for the muscular and nervous relaxations so frequently found to be causative conditions in pelvic disease, not to specify other allied agencies the value of which I will not pause to affirm, and if he acquires the necessary knowledge and skill, the more direct treatment of catarrhal conditions will yield satisfactory results. Being free from an ambition to magnify his work into the fashionable operations of the day, he will be more patient and persevering than some have been.

Should, on the contrary, his work and inclinations lead him to pay scant attention to

this study, his choice of a consultant should not be based on the erroneous view that gynæcology is synonymous with surgery. The relations of pelvic disease with the nervous system are not entirely without the pelvis. There are mucous membranes, muscles, nerves, and nerve-ganglia within this cavity, the latter in such variety and profusion that it is scarcely less proper to confound gynæcology with neurology. A proper discrimination is easily made in the qualifications of the consultant in a given case, particularly since surgical gynæcology has narrowed itself so closely of late within the lines of amputation and exsection of parts and organs, a work that should follow rather than precede other rational therapeutic indications.

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